



2010

Behavioral Risk Factor Surveillance System

ARKANSAS

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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Interviewer Script

INTROQST

HELLO, I am calling for the [Health Department]. My name is [Interviewer Name].

We are gathering information about the health of [State] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this [XXX-XXX-XXXX]?

- | | | | | |
|---|------------------------|-----|---|----------|
| 1 | Yes, CONTINUE | SKP | → | PRIVRES |
| 2 | NUMBER IS NOT THE SAME | SKP | → | WRONGNUM |

WRONGNUM IF - INTROQST = 2

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

PRIVRES IF - INTROQST = 1

Is this a private residence in (State)?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | Yes, CONTINUE | SKP | → | ISCELL |
| 2 | No, NON-RESIDENTIAL | SKP | → | NONRES |

NONRES IF - PRIVRES = 2

Thank you very much, but we are only interviewing private residences in [State].

ISCELL IF - PRIVRES = 1

Is this a cellular telephone?

READ ONLY IF NECESSARY:

"By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

- | | | | | |
|---|----------------------------------------|-----|---|---------|
| 1 | NO, NOT A CELLULAR TELEPHONE, CONTINUE | SKP | → | ADULTS |
| 2 | YES, A CELLULAR TELEPHONE | SKP | → | CELLYES |

CELLYES

IF - ISCELL = 2

Thank you very much, but we are only interviewing land line telephones and private residences.

ADULTS

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

— Number of Adults

77 DON'T KNOW/NOT SURE

99 REFUSED

MEN

How many of these adults are men?

— Number of Adults

WOMEN

How many of these adults are women?

— Number of Adults

WRONGTOT

IF - MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men - {MEN}

+

Number of Women - {WOMEN}

Number of Adults - {ADULTS}

1	CORRECT THE NUMBER OF MEN	SKP	→	MEN
2	CORRECT THE NUMBER OF WOMEN	SKP	→	WOMEN
3	CORRECT THE NUMBER OF ADULTS	SKP	→	ADULTS

SELECTED IF - ADULT > 1 AND (MEN + WOMEN) = ADULTS

The person in your household I need to speak with is **[RANDOMLY SELECTED ADULT]**.

Are you the **[RANDOMLY SELECTED ADULT]**?

- | | | | |
|-------|------------|---|-----------------|
| 1 YES | SKP | → | YOURTHE1 |
| 2 NO | SKP | → | GETNEWAD |

ONEADULT IF - NUMADLT = 1

Are you the adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

- | | | | |
|---------------------------------------|------------|---|-----------------|
| 1 YES AND THE RESPONDENT IS A MALE. | SKP | → | YOURTHE1 |
| 2 YES AND THE RESPONDENT IS A FEMALE. | SKP | → | YOURTHE1 |
| 3 NO | | | |

ASKGENDR IF - ADULT =1 AND ONEADULT = 3

Is the Adult a man or a woman?

- 1 MALE
- 2 FEMALE

GETADULT IF - ONEADULT = 3

May I speak with...

[IF ASKGENDR = 1 SHOW] ...him?

[IF ASKGENDR = 2 SHOW] ...her?

- 1 YES, ADULT IS COMING TO THE PHONE
- 2 NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK

YOURTHE1 IF - SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

- | | | | |
|-------------------------------------------------------------------------|------------|---|-----------------|
| 1 PERSON INTERESTED, CONTINUE | SKP | → | INTROSCR |
| 2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED | SKP | → | ADULTS |

GETNEWAD

IF - SELECTED = 2

May I speak with the **[RANDOMLY SELECTED RESPONDENT]**?

- | | | | | |
|---|-----------------------------------------------------------------------|------------|---|-----------------|
| 1 | YES, SELECTED RESPONDENT COMING TO THE PHONE | SKP | → | NEWADULT |
| 2 | NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK | SKP | → | NEWADULT |
| 3 | GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED | SKP | → | ADULTS |

NEWADULT

IF - GETNEWAD = 1

HELLO, I am calling for the **[Health Department]**. My name is **[Interviewer Name]**.

We are gathering information about the health of **[State]** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

- | | | | | |
|---|-----------------------------------------------------------------------|------------|---|-----------------|
| 1 | PERSON INTERESTED, CONTINUE | SKP | → | PRIVRES |
| 2 | GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED | SKP | → | WRONGNUM |

Core Sections

INTROSCR

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call (give appropriate state telephone number).

- | | | | | |
|---|--------------------------------------------------------------------------|-----|---|--------|
| 1 | PERSON INTERESTED, CONTINUE | SKP | → | C01Q01 |
| 2 | GO BACK TO ADULTS QUESTION. WARNING: A
NEW RESPONDENT MAY BE SELECTED | SKP | → | ADULTS |

Section 01: Health Status

C01INTRO

C01Q01

Would you say that in general your health is...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair or
- 5 Poor

Do not read:

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C01END

Section 02: Healthy Days -- Health-Related Quality of Life

C02INTRO

C02Q01

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

— NUMBER OF DAYS

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
30 MAX

C02Q02

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

— NUMBER OF DAYS

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
30 MAX

C02Q03

IF - C02Q01 <> 88 AND C02Q02 <> 88

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

— NUMBER OF DAYS

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
30 MAX

C02END

Section 03: Health Care Access

C03INTRO

C03Q01

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C03Q02

Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER NOTE: IF "NO" ASK:

"Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1 YES, ONLY ONE
- 2 MORE THAN ONE
- 3 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C03Q03

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C03Q04

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

- 7 DON'T KNOW/NOT SURE
- 8 NEVER
- 9 REFUSED

C03END

Section 04: Sleep

C04INTRO

C04Q01

The next question is about getting enough rest or sleep.

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

— NUMBER OF DAYS

88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED
01	MIN
30	MAX

C04END

Section 05: Exercise

C05INTRO

C05Q01

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C05END

Section 06: Diabetes

C06INTRO

C06Q01

Have you ever been told by a doctor that you have diabetes?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

- 1 YES
- 2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
- 3 NO
- 4 NO, PRE-DIABETES OR BORDERLINE DIABETES
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C06END

State Module 02: Diabetes

M02INTRO

IF - C06Q01 = 1

M02Q01

How old were you when you were told you have diabetes?

___ Code age in years (97 = 97 or older)

98 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

30 MAX

M02Q02

Are you now taking insulin?

1 YES

2 NO

9 REFUSED

M02Q05

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

___ Number of times [76 = 76 or more]

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

M02Q06

A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

___ Number of times [76 = 76 or more]

88 NONE

98 Never heard of "A one C" test

77 DON'T KNOW/NOT SURE

99 REFUSED

M02Q07

IF M02Q04 <> 555

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

— Number of times **[76 = 76 or more]**

- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

M02Q08

IF - M02Q04 = 555

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

READ ONLY IF NECESSARY:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 No Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

Do not read:

- 7 DON'T KNOW/NOT SURE
- 8 Never
- 9 REFUSED

M02Q09

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M02Q10

Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M02END

Section 07: Oral Health

C07INTRO

C07Q01

How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

READ ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

- 7 DON'T KNOW/NOT SURE
- 8 NEVER
- 9 REFUSED

C07Q02

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

- 1 1 to 5
- 2 6 Or more but not all
- 3 All
- 4 None

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C07Q03

IF - NOT(C07Q01 = 8 AND C07Q03 = 3)

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

- 7 DON'T KNOW/NOT SURE
- 8 NEVER
- 9 REFUSED

C07END

Section 08: Cardiovascular Disease Prevalence

C08INTRO

C08Q01

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional **EVER** told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

Ever told you had a heart attack, also called a myocardial infarction?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C08Q02

Ever told you had angina or coronary heart disease?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C08Q01

Ever told you had a stroke?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C08END

Section 09: Asthma

C09INTRO

C09Q01

Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

1 YES

2 NO

SKP → **C09END**

7 DON'T KNOW/NOT SURE

SKP → **C09END**

9 REFUSED

SKP → **C09END**

C09Q02

IF - C09Q01 = 1

Do you still have asthma?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C09END

Section 10: Disability

C10INTRO

C10Q01

The following questions are about health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental, or emotional problems?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C10Q02

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C10END

Section 11: Tobacco Use

C11INTRO

C11Q01

Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C11Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C11Q05 |
| 9 | REFUSED | SKP | → | C11Q05 |

C11Q02 IF - C11Q01 = 1

Do you now smoke cigarettes every day, some days, or not at all?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | Everyday | | | |
| 2 | Somedays | | | |
| 3 | Not at all | SKP | → | C11Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C11Q05 |
| 9 | REFUSED | SKP | → | C11Q05 |

C11Q03 IF - C11Q02 = 1 OR C11Q02 = 2

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | SKP | → | C11Q05 |
| 2 | NO | SKP | → | C11Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C11Q05 |
| 9 | REFUSED | SKP | → | C11Q05 |

C11Q04

IF - C11Q02 = 3

How long has it been since you last smoked cigarettes regularly?

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C11Q05

Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

NOTE: SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

- 1 Everyday
- 2 Somedays
- 3 Not at all

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C11END

Section 12: Demographics

C12INTRO

C12Q01

What is your age?
— YEARS

07 DON'T KNOW/NOT SURE

09 REFUSED

C12Q02

Are you Hispanic or Latino?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C12Q03

Which one or more of the following would you say is your race?

(CHECK ALL THAT APPLY)

PLEASE READ:

1 White

2 Black or African American

3 Asian

4 Native Hawaiian or Other Pacific
Islander

5 American Indian or Alaska Native
Or

6 Other [Specify]

8 NO ADDITIONAL CHOICES

7 DON'T KNOW/NOT SURE

9 REFUSED

C12Q04

IF C12q03 MORE THAN 1 RESPONSE

Which one of these groups would you say best represents your race?

PLEASE READ:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific
Islander
- 5 American Indian or Alaska Native
Or
- 6 Other [Specify]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12Q05

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, the Persian Gulf War.

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12
months, but not now
- 3 Yes, on active duty in the past, but
not during the last 12months
- 4 No, training for Reserves or National
Guard only
- 5 No, never served in the military
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12Q06

Are you...?

PLEASE READ:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married Or
- 6 A member of an unmarried couple

- 9 REFUSED

C12Q07

How many children less than 18 years of age live in your household?

— NUMBER OF CHILDREN

- 88 NONE
- 99 REFUSED

C12Q08

What is the highest grade or year of school you completed?

READ ONLY IF NECESSARY:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

- 9 REFUSED

C12Q09

Are you currently...?

PLEASE READ:

- 01 Employed for wages
- 02 Self-employed
- 03 Out of work for more than 1 year
- 04 Out of work for less than 1 year
- 05 A Homemaker
- 06 A Student
- 07 Retired Or
- 08 Unable to work

- 99 REFUSED

C12Q10d

Is your annual household income from all sources:

Less than \$25,000?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE **SKP** → **C12Q10i**
- 9 REFUSED **SKP** → **C12Q10i**

C12Q10c IF - C12Q10d = 1

Is your annual household income from all sources:

Less than \$20,000?

- 1 YES
- 2 NO **SKP** → **C12Q10i**

- 7 DON'T KNOW/NOT SURE **SKP** → **C12Q10i**
- 9 REFUSED **SKP** → **C12Q10i**

C12Q10b IF - C12Q10c = 1

Is your annual household income from all sources:

Less than \$15,000?

- 1 YES
- 2 NO **SKP** → **C12Q10i**

- 7 DON'T KNOW/NOT SURE **SKP** → **C12Q10i**
- 9 REFUSED **SKP** → **C12Q10i**

C12Q10a IF - C12Q10b = 1

Is your annual household income from all sources:

Less than \$10,000?

1	YES	SKP	→	C12Q10i
2	NO	SKP	→	C12Q10i
7	DON'T KNOW/NOT SURE	SKP	→	C12Q10i
9	REFUSED	SKP	→	C12Q10i

C12Q10e IF - C12Q10d = 2

Is your annual household income from all sources:

Less than \$35,000?

1	YES	SKP	→	C12Q10i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C12Q10i
9	REFUSED	SKP	→	C12Q10i

C12Q10f IF - C12Q10e = 2

Is your annual household income from all sources:

Less than \$50,000?

1	YES	SKP	→	C12Q10i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C12Q10i
9	REFUSED	SKP	→	C12Q10i

C12Q10g IF - C12Q10f = 2

Is your annual household income from all sources:

Less than \$75,000?

1	YES	SKP	→	C12Q10i
2	NO	SKP	→	C12Q10i
7	DON'T KNOW/NOT SURE	SKP	→	C12Q10i
9	REFUSED	SKP	→	C12Q10i

C12Q10i

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

{If C12Q10g = 2, More than \$75,000?}
{If C12Q10g = 1, \$50,000 to less than \$75,000}
{If C12Q10f = 1, \$35,000 to less than \$50,000}
{If C12Q10e = 1, \$25,000 to less than \$35,000}
{If C12Q10c = 2, \$20,000 to less than \$25,000}
{If C12Q10b = 2, \$15,000 to less than \$20,000}
{If C12Q10a = 2, \$10,000 to less than \$15,000}
{If C12Q10a = 1, Less than \$10,000}
{Default, REFUSED/DON'T KNOW/NOT SURE}

IS THIS CORRECT?

1 YES

2 NO

SKP → C12Q10d

7 DON'T KNOW/NOT SURE

9 REFUSED

C12Q11

About how much do you weigh without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 122.

ROUND FRACTIONS UP

_____ WEIGHT

7777 DON'T KNOW/NOT SURE

9999 REFUSED

C12Q12

About how tall are you without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 126.

ROUND FRACTIONS DOWN

___/___ HEIGHT

77/77 DON'T KNOW/NOT SURE

99/99 REFUSED

C12Q13

What county do you live in?

_____ FIPS COUNTY CODE

777 DON'T KNOW/NOT SURE

999 REFUSED

C12Q14

What is your ZIP Code where you live?

_____ ZIP Code

77777 DON'T KNOW/NOT SURE

99999 REFUSED

C12Q15

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1 YES

2 NO

SKP → **C12Q17**

7 DON'T KNOW/NOT SURE

SKP → **C12Q17**

9 REFUSED

SKP → **C12Q17**

C12Q16

IF - C12Q15 = 1

How many of these telephone numbers are residential numbers?

— Residential Telephone Numbers [6 = 6 or more]

7 DON'T KNOW/NOT SURE

9 REFUSED

C12Q17

During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters.

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

[CELL PHONE QUESTIONS]**C12Q18A**

Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

- 1 YES **SKP** → **C12Q18C**
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12Q18B IF - C12Q18A <> 1

Do you share a cell phone for personal use (at least one-third of the time) with other adults?

- 1 YES **SKP** → **C12Q18D**
- 2 NO **SKP** → **C12Q19**

- 7 DON'T KNOW/NOT SURE **SKP** → **C12Q19**
- 9 REFUSED **SKP** → **C12Q19**

C12Q18C IF - C12Q18A = 1

Do you usually share this cell phone (at least one-third of the time) with any other adults?

- 1 YES **SKP** → **C12Q18D**
- 2 NO **SKP** → **C12Q19**

- 7 DON'T KNOW/NOT SURE **SKP** → **C12Q19**
- 9 REFUSED **SKP** → **C12Q19**

C12Q18D

IF - C12Q18A = 1 OR C12Q18B = 1

Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

____ Enter Percent (1 to 100)

888 NONE

777 DON'T KNOW/NOT SURE

999 REFUSED

C12Q19

Indicate sex of respondent. Ask only if necessary.

1 MALE

SKP

→

C12END

2 FEMALE

C12Q20

IF - C12Q19 = 2 AND C12Q01 <= 45

To your knowledge, are you now pregnant?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C12END

Section 13: Alcohol Consumption

C13INTRO

C13Q01

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1 YES

2 NO SKP → C13END

7 DON'T KNOW/NOT SURE SKP → C13END

9 REFUSED SKP → C13END

C13Q02 IF - C13Q01 = 1

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

1 ___ Days per week

2 ___ Days per month

888 No drinks in the past 30 days SKP → C13END

777 DON'T KNOW/NOT SURE

999 REFUSED

C13Q03 IF - C13Q01 = 1 AND C13Q02 <> 888

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

___ Number of drinks

77 DON'T KNOW/NOT SURE

99 REFUSED

C13Q04

IF - C13Q01 = 1 AND C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have [If C12Q19 = 1, 5, 4] or more drinks on an occasion?

___ Number of times

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

C13Q05

IF - C13Q01 = 1 AND C13Q02 <> 888

During the past 30 days, what is the largest number of drinks you had on any occasion?

___ Number of drinks

77 DON'T KNOW/NOT SURE

99 REFUSED

C13END

Module 31: Novel H1N1 Adult Immunization

(Through June 2010)

M31Q01

There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu?

1 YES

2 NO

SKP → C14Q01

7 DON'T KNOW/NOT SURE

SKP → C14Q01

9 REFUSED

SKP → C14Q01

M31Q02

IF - M31Q01 = 1

During what month did you receive your H1N1 flu vaccine?

___ Month

77 DON'T KNOW/NOT SURE

99 REFUSED

M31Q03

IF - M31Q01 = 1

Was this a shot or was it a vaccine sprayed in the nose?

1 Flu shot

2 Flu Nasal Spray (spray, mist or drop in the nose)

7 DON'T KNOW/NOT SURE

9 REFUSED

Section 14: Immunization

C14INTRO

C14Q01

Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C14Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C14Q03 |
| 9 | REFUSED | SKP | → | C14Q03 |

C14Q02

During what month and year did you receive your most recent seasonal flu shot?

___/___ Month / Year

77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

C14Q03

The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C14Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C14Q05 |
| 9 | REFUSED | SKP | → | C14Q05 |

C14Q04

During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose?

___/___ Month / Year

77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

C14Q05

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C14END

Section 15: Falls

C15INTRO

IF - C12Q01 >= 45

C15Q01

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 3 months, how many times have you fallen?

___ Number of times [76 = 76 or more]

88	NONE	SKP	→	C15END
77	DON'T KNOW/NOT SURE	SKP	→	C15END
99	REFUSED	SKP	→	C15END

C15Q02

IF - C15q01 < 77

{IF C15Q01 = 01 SHOW: DID THIS FALL CAUSE AN INJURY?}

IF ONLY ONE FALL FROM C15Q011 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

___ Number of falls [76 = 76 or more]

88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

C15END

Section 16: Seatbelt Use

C16INTRO

C16Q01

How often do you use seat belts when you drive or ride in a car?
Would you say—

PLEASE READ:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

7 DON'T KNOW/NOT SURE

8 NEVER DRIVE OR RIDE IN A CAR

9 REFUSED

SKP

→

C16END

C16END

Section 17: Drinking and Driving

C17INTRO

IF - C16Q01 <> 8 AND C13Q01 <> 2

C17Q01

The next question is about drinking and driving.

During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

___ Number of times [76 = 76 or more]

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

C17END

Section 18: Women's Health

C18INTRO

IF - C12Q19 = 2

C18Q01

The next questions are about breast and cervical cancer.

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C18Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C18Q03 |
| 9 | REFUSED | SKP | → | C18Q03 |

C18Q02

IF - C18Q01 = 1

How long has it been since you had your last mammogram?

READ ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C18Q03

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C18Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C18Q05 |
| 9 | REFUSED | SKP | → | C18Q05 |

C18Q04

IF - C18Q03 = 1

How long has it been since your last breast exam?

READ ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C18Q05

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- | | | | |
|-----------------------|------------|---|---------------|
| 1 YES | | | |
| 2 NO | SKP | → | C18Q07 |
| 7 DON'T KNOW/NOT SURE | SKP | → | C18Q07 |
| 9 REFUSED | SKP | → | C18Q07 |

C18Q06

IF - C18Q05 = 1

How long has it been since you had your last Pap test?

READ ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 3 years (2 years but less than 3 years ago)
 - 4 Within the past 5 years (2 years but less than 5 years ago)
 - 5 5 or more years ago
-
- 7 DON'T KNOW/NOT SURE
 - 9 REFUSED

C18Q07

IF - C12Q20 <> 1

Have you had a hysterectomy?

READ ONLY IF NECESSARY: A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB) .

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C18END

Section 19: Prostate Cancer Screening

C19INTRO

IF - C12Q01 > 39 AND C12Q19 = 1

C19Q01

Now, I will ask you some questions about prostate cancer screening.

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

1 YES

2 NO

SKP → **C19Q03**

7 DON'T KNOW/NOT SURE

SKP → **C19Q03**

9 REFUSED

SKP → **C19Q03**

C19Q02

IF - C19Q01 = 1

How long has it been since you had your last PSA test?

READ ONLY IF NECESSARY

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (2 years but less than 5 years ago)

5 5 or more years ago

Do not read:

7 DON'T KNOW/NOT SURE

9 REFUSED

C19Q03

A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

1 YES

2 NO

SKP → **C19Q05**

7 DON'T KNOW/NOT SURE

SKP → **C19Q05**

9 REFUSED

SKP → **C19Q05**

C19Q04

IF - C19Q03 = 1

How long has it been since your last digital rectal exam?

READ ONLY IF NECESSARY

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (2 years but less than 5 years ago)

5 5 or more years ago

Do not read:

7 DON'T KNOW/NOT SURE

9 REFUSED

C19Q05

Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C19END

Section 20: Colorectal Cancer Screening

C20INTRO

IF - C12Q01 > 49

C20Q01

The next questions are about colorectal cancer screening.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C20Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C20Q03 |
| 9 | REFUSED | SKP | → | C20Q03 |

C20Q02

IF - C20Q01 = 1

How long has it been since you had your last blood stool test using a home kit?

READ ONLY IF NECESSARY

- | | |
|---|-------------------------------------------------------------|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (2 years but less than 5 years ago) |
| 5 | 5 or more years ago |
| 7 | DON'T KNOW/NOT SURE |
| 9 | REFUSED |

C20Q03

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C21Q01 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C21Q01 |
| 9 | REFUSED | SKP | → | C21Q01 |

C20Q04

IF - C20Q03 = 1

For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

- 1 SIGMOIDOSCOPY
- 2 COLONOSCOPY

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C20Q05

How long has it been since you had your last sigmoidoscopy or colonoscopy?

READ ONLY IF NECESSARY

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years ago)
- 03 Within the past 3 years (2 years but less than 3 years ago)
- 04 Within the past 5 years (2 years but less than 5 years ago)
- 05 5 or more years ago
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 or more years ago

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C20END

Section 21: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section

C21INTRO

IF - C12Q20 < 65

C21Q01

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

1 YES

2 NO

SKP → **C21Q05**

7 DON'T KNOW/NOT SURE

SKP → **C21Q05**

9 REFUSED

SKP → **C21Q05**

C21Q02

IF - C21Q01 = 1

Not including blood donations, in what month and year was your last HIV test?

NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."

CATI INSTRUCTION: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

___/___ Month / Year

77/7777 DON'T KNOW/NOT SURE

99/9999 REFUSED

C21Q03

IF - C21Q01 = 1

Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

READ ONLY IF NECESSARY

- 01 Private doctor or HMO office)
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else

Do not read:

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C21Q04

IF - C21Q01 = 1 AND C21Q02 = WITHIN LAST 12 MONTHS

Was it a rapid test where you could get your results within a couple of hours?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C21Q05

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C21END

Section 22: Emotional Support and Life Satisfaction

C22INTRO

C22Q01

The next two questions are about emotional support and your satisfaction with life.

How often do you get the social and emotional support you need?

INTERVIEWER NOTE: IF ASKED, SAY

"please include support from any source."

PLEASE READ:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C22Q02

In general, how satisfied are you with your life?

PLEASE READ:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C22END

Influenza like Illness
(Through March 2010)

E01Q01

We would like to ask you some questions about recent respiratory illnesses.

During the past month, were you ill with a fever?

- | | | | |
|---|---------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → E01Q08 |
| | | | |
| 7 | DON'T KNOW/NOT SURE | SKP | → E01Q08 |
| 9 | REFUSED | SKP | → E01Q08 |

E01Q02

IF - E01Q01 = 1

Did you also have a cough and/or sore throat?

- | | | | |
|---|---------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → E01Q08 |
| | | | |
| 7 | DON'T KNOW/NOT SURE | SKP | → E01Q08 |
| 9 | REFUSED | SKP | → E01Q08 |

E01Q03

IF - E01Q02 = 1

When did you first become ill with fever, cough or sore throat?

INTERVIEWER: READ OFF CHOICES; CHOOSE THE MOST SPECIFIC

- | | |
|---|-----------------------------------------|
| 1 | Within the past week [Past 1-7 days] |
| 2 | 2 weeks ago [past 8-14 days] |
| 3 | 3-4 weeks ago [15-30 days before today] |
| | |
| 7 | DON'T KNOW/NOT SURE |
| 9 | REFUSED |

E01Q04

IF - E01Q02 = 1

Did you visit a doctor, nurse, or other health professional for this illness?

- | | | | |
|---|---------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → E01Q08 |
| | | | |
| 7 | DON'T KNOW/NOT SURE | SKP | → E01Q08 |
| 9 | REFUSED | SKP | → E01Q08 |

E01Q05 IF - E01Q04 = 1

What did the doctor, nurse, or other health professional tell you? Did they say...

- 1 You had regular influenza or the flu
- 2 You had swine flu, also known as H1N1 or novel H1N1
- 3 You had some other illness, but not the flu **SKP** → **E01Q08**
- 7 DON'T KNOW/NOT SURE **SKP** → **E01Q08**
- 9 REFUSED **SKP** → **E01Q08**

E01Q06 IF - E01Q04 = 1 AND E01Q05 <> 3

Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

E01Q07 IF - E01Q04 = 1 AND E01Q05 <> 3

Did you receive Tamiflu or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza or zanamivir [za NA mi veer] to treat this illness?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

E01Q08 IF - E01Q04 = 1 AND E01Q05 <> 3

Did any other members of your household have a fever with cough or sore throat during the past month?

- 1 YES
- 2 NO **SKP** → **E01Q10 IF E01Q01 = 1 AND E01Q02 = 1**
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

E01Q09

IF - E01Q08 = 1 OR E01Q08 = 7 OR E01Q08 = 9

How many household members, including you, were ill during the past month?

___ # PERSONS (≥ 1)

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

E01Q10

IF - (E01Q01 = 1 AND E01Q02 = 1) OR E01Q08 = 1

How many people in your household, including you, were hospitalized for flu during the past month?

INTERVIEWER, IF NEEDED: HOSPITALIZED MEANS ADMITTED TO A HOSPITAL TO RECEIVE MEDICAL TREATMENT.

___ # PERSONS (≥ 1)

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

Module 10: High Risk/Health Care Worker

M10INTRO

The next few questions ask about health care work and chronic illness.

M10Q01

Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

INTERVIEWER NOTE: IF NECESSARY SAY:

"This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M10Q02

Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE (*Probe by repeating question*)
- 9 REFUSED

M10Q03

Has a doctor, nurse, or other health professional ever said that you have...

Read all items listed below before waiting for an answer:

Lung problems, other than asthma

Kidney problems

Anemia, including Sickie Cell

Or

A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

[See Attached Health Problems List, if necessary]

1 YES

2 NO

SKP → M10END

7 DON'T KNOW/NOT SURE (*Probe by repeating question*)

SKP → M10END

9 REFUSED

SKP → M10END

M10Q04

Do you still have (this/any of these) problem(s)?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

M10END

Module 4: Visual Impairment and Access to Eye Care

CATI note: If respondent is less than 40 years of age, go to next module.

M04INTRO IF - C12Q01 ≥ 40

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

M04Q01

How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

PLEASE READ:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
Or
- 6 Unable to do for other reasons

Do not read:

- 7 DON'T KNOW/NOT SURE
- 8 Not applicable (Blind) **SKP** → **M04END**
- 9 REFUSED

M04Q02

How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

PLEASE READ:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
Or
- 6 Unable to do for other reasons

Do not read:

- 7 DON'T KNOW/NOT SURE
- 8 Not applicable (Blind) **SKP** → **M04END**
- 9 REFUSED

M04Q03

When was the last time you had your eyes examined by any doctor or eye care provider?

READ ONLY IF NECESSARY:

- | | | | | |
|---|---------------------------------------------------------------|------------|---|---------------|
| 1 | Within the past month (anytime less than 1 month ago) | SKP | → | M04Q05 |
| 2 | Within the past year (1 month but less than 12 months ago) | SKP | → | M04Q05 |
| 3 | No Within the past 2 years (1 year but less than 2 years ago) | | | |
| 4 | 2 or more years ago | | | |
| 5 | Never | | | |

Do not read:

- | | | | | |
|---|------------------------|------------|---|---------------|
| 7 | DON'T KNOW/NOT SURE | | | |
| 8 | Not applicable (Blind) | SKP | → | M04END |
| 9 | REFUSED | | | |

M04Q04

What is the main reason you have not visited an eye care professional in the past 12 months?

READ ONLY IF NECESSARY:

- 01 Cost/insurance
- 02 Do not have/know an eye doctor
- 03 Cannot get to the office/clinic (too far away, no transportation)
- 04 Could not get an appointment
- 05 No reason to go (no problem)
- 06 Have not thought of it
- 07 Other

Do not read:

- | | | | | |
|----|------------------------|------------|---|---------------|
| 77 | DON'T KNOW/NOT SURE | | | |
| 88 | Not applicable (Blind) | SKP | → | M04END |
| 99 | REFUSED | | | |

M04Q05

IF- MO2Q08 IS NULL

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

READ ONLY IF NECESSARY:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 No Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

Do not read:

- 7 DON'T KNOW/NOT SURE
- 8 Not applicable (Blind) **SKP** → **M04END**
- 9 REFUSED

M04Q06

Do you have any kind of health insurance coverage for eye care?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 8 Not applicable (Blind) **SKP** → **M04END**
- 9 REFUSED

M04Q07

Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

- 1 Yes
- 2 Yes, but had them removed
- 3 No

- 7 DON'T KNOW/NOT SURE
- 8 Not applicable (Blind) **SKP** → **M04END**
- 9 REFUSED

M04Q08

Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

8 Not applicable (Blind)

SKP

→

M04END

9 REFUSED

M04Q09

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

NOTE: AGE-RELATED MACULAR DEGENERATION (AGE-RELATED MAK·YUH·LUH R DI·JEN·UH·REY·SHUH N)

Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

8 Not applicable (Blind)

SKP

→

M04END

9 REFUSED

M04END

Module 6: Inadequate Sleep

M06INTRO

I would like to ask you a few questions about your sleep patterns.

M06Q01

On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.
INTERVIEWER NOTE: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, ROUNDING 30 MINUTES (1/2 HOUR) OR MORE UP TO THE NEXT WHOLE HOUR AND DROPPING 29 OR FEWER MINUTES.

___ Number of hours [01-24]

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

M06Q02

Do you snore?

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEIR SPOUSE OR SOMEONE TOLD HIM/HER THAT THEY SNORE, THEN THE ANSWER TO THE QUESTION IS "YES," THE RESPONDENT SNORES.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

M06Q03

During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?

___ Number of days [01-30]

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

M06Q04

During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?

- 1 YES
- 2 NO
- 3 Don't drive
- 4 Don't have license

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M06END

State Module 14: Cancer Survivorship

M14INTRO

Now I am going to ask you about cancer.

M14Q01

Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

READ ONLY IF NECESSARY: BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, SOCIAL WORKER, OR SOME OTHER LICENSED PROFESSIONAL.

1 Yes

2 No

SKP → M14END

7 DON'T KNOW/NOT SURE

SKP → M14END

9 REFUSED

SKP → M14END

M14Q03

At what age were you told that you had cancer?

INTERVIEWER NOTE: THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.

— Code age in years [97 = 97 and older]

98 DON'T KNOW/NOT SURE

99 REFUSED

CATI note: If Core Q19.5 = 1 (Yes) and Q2 = 1 (Only one); auto fill Q4 (response code 18)

M14Q04

What type of cancer was it?

If Q2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS

PROMPTING FOR CANCER TYPE (I.E., NAME OF CANCER) [1-28]:

Breast

1 Breast cancer

Female reproductive (Gynecologic)

2 Cervical cancer (cancer of the cervix)

3 Endometrial cancer (cancer of the uterus)

4 Ovarian cancer (cancer of the ovary)

Head/Neck

5 Head and neck cancer

6 Oral cancer

7 Pharyngeal (throat) cancer

8 Thyroid

Gastrointestinal

9 Colon (intestine) cancer

10 Esophageal (esophagus)

11 Liver cancer

12 Pancreatic (pancreas) cancer

13 Rectal (rectum) cancer

14 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

15 Hodgkin's Lymphoma (Hodgkin's disease)

16 Leukemia (blood) cancer

17 Non-Hodgkin's Lymphoma

Male reproductive

18 Prostate cancer

19 Testicular cancer

Skin

20 Melanoma

21 Other skin cancer

Thoracic

22 Heart

23 Lung

Urinary cancer:

24 Bladder cancer

25 Renal (kidney) cancer

Others

26 Bone

27 Brain

28 Neuroblastoma

29 Other

Do not read:

77 DON'T KNOW/NOT SURE

99 REFUSED

M14Q07

Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

READ ONLY IF NECESSARY:

"By 'other healthcare professional' we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

1 Yes

2 No

7 DON'T KNOW/NOT SURE

9 REFUSED

M14Q08

Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer?

1 Yes

2 No

SKP → M14Q10

7 DON'T KNOW/NOT SURE

SKP → M14Q10

9 REFUSED

SKP → M14Q10

M14Q10

With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

INTERVIEWER NOTE: "HEALTH INSURANCE" ALSO INCLUDES MEDICARE, MEDICAID, OR OTHER TYPES OF STATE HEALTH PROGRAMS.

1 Yes

2 No

7 DON'T KNOW/NOT SURE

9 REFUSED

M14Q13

Do you currently have physical pain caused by your cancer or cancer treatment?

1 Yes

2 No

SKP → **M14END**

7 DON'T KNOW/NOT SURE

SKP → **M14END**

9 REFUSED

SKP → **M14END**

M14END

State Added 01: Sexual Violence

AR01INTRO

AR01Q01

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

Are you in a safe place to answer these questions?

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | Yes | | | |
| 2 | No | SKP | → | AR01END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | AR01END |
| 9 | REFUSED | SKP | → | AR01END |

AR01Q02

My first questions are about unwanted sexual experiences you may have had.

Has anyone **EVER** had sex with you after you said or showed that you didn't want them to or without your consent?

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | Yes | | | |
| 2 | No | SKP | → | AR01END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | AR01END |
| 9 | REFUSED | SKP | → | AR01END |

AR01Q03

Think about the time of the most recent incident involving a person who **HAD SEX WITH YOU -or- ATTEMPTED TO HAVE SEX WITH YOU** after you said or showed that you didn't want to or without your consent. What was that person's relationship to you?

DO NOT READ:

- 01 Current boyfriend/girlfriend
- 02 Former boyfriend/girlfriend
- 03 Fiancé
- 04 Spouse or live-in partner
- 05 Former spouse or former live-in partner
- 06 Someone you were dating
- 07 First Date
- 08 Friend
- 09 Acquaintance
- 10 A person known for less than 24 hours
- 11 Complete stranger
- 12 Parent
- 13 Step-parent
- 14 Parent's partner
- 15 Parent in-law
- 16 Other relative
- 17 Neighbor
- 18 Co-worker
- 19 Other non-relative
- 20 Multiple perpetrators

**SKP → CLOSING
STATEMENT**

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

AR01Q04

Was the person who did this male or female?

- 1 Male
- 2 Female
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

AR01Clo

We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE, OR 4673**. Would you like me to repeat this number?

AR01END

State Added 02: Tobacco Control

AR02INTRO

AR02Q01 IF - C11Q02 = 1 OR C11Q02 = 2

How old were you when you first started smoking cigarettes regularly?

___ NUMBER OF YEARS

98 DON'T KNOW/NOT SURE

99 REFUSED

AR02Q02 IF - C11Q02 = 1

On the average, about how many cigarettes a day do you now smoke?

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

___ NUMBER OF CIGARETTES (1-180)

666 LESS THAN ONE CIGARETTE PER DAY

777 DON'T KNOW/NOT SURE

999 REFUSED

AR02Q02v IF - AR02Q02 > 61 AND AR02Q02 <= 180

Are you sure you smoke {AR02Q02} cigarettes per day?

1 Yes

2 No

SKP → AR02Q02

7 DON'T KNOW

9 NOT SURE

AR02Q03 IF - C11Q02 = 2

During the past 30 days, on how many days did you smoke cigarettes?

___ NUMBER OF DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

AR02Q04

IF - C11Q02 = 2

On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

____ NUMBER OF CIGARETTES (1-180)

666 LESS THAN ONE CIGARETTE PER DAY

777 DON'T KNOW/NOT SURE

999 REFUSED

AR02Q04v

IF - AR02Q04 > 61 AND AR02Q04 <= 180

Are you sure you smoke {AR02Q04} cigarettes per day?

1 Yes

2 No

SKP → AR02Q04

7 DON'T KNOW

9 NOT SURE

AR02Q08

IF - C11Q02 = 1 OR C11Q02 = 2

What brand of cigarettes do you smoke most often?

01 Benson & Hedges

02 Camel

03 Carlton

04 Generic

05 Kent

06 Kool

07 Marlboro

08 Merit

09 More

10 Newport

11 Pall Mall

12 Salem

13 Virginia Slims

14 Winston

15 Lucky Strike

16 Other [Specify]

77 DON'T KNOW/NOT SURE

99 REFUSED

AR02Q09

IF - C11Q02 = 1 OR C11Q02 = 2

Do you usually smoke menthol cigarettes?

- 1 Yes
- 2 No

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

AR02Q10

IF - C11Q02 = 1 OR C11Q02 = 2

Do you usually smoke regular, light, or ultra light cigarettes?

- 1 REGULAR
- 2 LIGHT
- 3 ULTRA LIGHT

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

AR02Q13

IF - C11Q05 = 1 OR C11Q05 = 2

How old were you when you first started using chewing tobacco or snuff fairly regularly?

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

___ NUMBER OF YEARS

- 98 DON'T KNOW/NOT SURE
- 99 REFUSED

AR02Q16

IF - (C11Q02 = 1 OR C11Q02 = 2) AND (C11Q05 = 1 OR C11Q05 = 2)

When you can't smoke cigarettes because of clean indoor air restrictions, do you use chewing tobacco or snuff?

- 1 Yes
- 2 No

- 9 REFUSED

AR02Q17a IF - C11Q02 = 1 OR C11Q02 = 2

In March 2009, new tobacco taxes increased the price of cigarettes in Arkansas. What effects, if any, did this price increase have on your smoking? Did it...

Help you think about quitting?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

AR02Q17b IF - C11Q02 = 1 OR C11Q02 = 2

(In March 2009, new tobacco taxes increased the price of cigarettes in Arkansas. What effects, if any, did this price increase have on your smoking? Did it...)

Help you to cut down on cigarettes?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

AR02Q17c IF - C11Q02 = 1 OR C11Q02 = 2

(In March 2009, new tobacco taxes increased the price of cigarettes in Arkansas. What effects, if any, did this price increase have on your smoking? Did it...)

Help you make a quit attempt?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

AR02Q17d IF - C11Q02 = 1 OR C11Q02 = 2

(In March 2009, new tobacco taxes increased the price of cigarettes in Arkansas. What effects, if any, did this price increase have on your smoking? Did it...)

Help you maintain a quit?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

AR02Q18 IF - C11Q02 = 1 OR C11Q02 = 2

During the past 12 months, did you use the following to try to stop smoking tobacco - switching to smokeless tobacco?

- 1 Yes
- 2 No

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

AR02Q19 IF - C11Q02 = 1 OR C11Q02 = 2

Does your health insurance coverage pay for part or all of the cost of products or programs to help you quit smoking, for example the nicotine patch or a quit smoking class?

- 1 Yes
- 2 No

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

AR02Q20

How old were you when you first had more than a sip or two of an alcoholic beverage: beer, wine, or hard liquor?

___ Number of years

- 97 NEVER TRIED
- 98 DON'T KNOW/NOT SURE
- 99 REFUSED

AR02Q21

During your life, how many times have you used marijuana?

- 1 0 times SKP → AR02END
- 2 1 or 2 times
- 3 3 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 to 99 times
- 8 100 or more times

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

AR02Q22 IF - (AR02Q21 > 1 AND AR02Q21 < 7) OR (AR02Q21 = 8)

How old were you when you tried marijuana for the first time?

___ Number of years

- 97 NEVER TRIED
- 98 DON'T KNOW/NOT SURE
- 99 REFUSED

AR02END

